

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: University of Massachusetts - Lowell

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Office of Information Technology, One University Ave., Lowell, MA 01854

Name of Agent Designated to Receive
Notification of Claimed Infringement: Douglas Tamasanis

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Office of Information Technology, UMass Lowell, Olsen Hall 100,
One University Avenue, Lowell, MA 01854

Telephone Number of Designated Agent: 978-934-4761

Facsimile Number of Designated Agent: 978-934-4012

Email Address of Designated Agent: Douglas_Tamasanis@uml.edu

Signature of Officer or Representative of the Designating Service Provider:
Date: June 12, 2006

Typed or Printed Name and Title: Douglas Tamasanis, IT Security Specialist

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

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